

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **November 16 - 30, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 15, 2012	Applicant Identifier Dept. of Food and Agriculture
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE November 15, 2012	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 13-8506-1050-CA
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: Food and Agriculture	
Organizational DUNS: 807487665		Division: Plant Health and Pest Prevention Services	
Address: Street: 1220 N Street, Room 315		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Jason	
City: Sacramento		Middle Name K	
County: Sacramento		Last Name Chan	
State: California	Zip Code 95814	Suffix:	
Country: United States		Email: jason.chan@cdfa.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0325104		Phone Number (give area code) (916) 654-1211	Fax Number (give area code) (916) 654-0555
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A - State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-025		9. NAME OF FEDERAL AGENCY: USDA/APHIS/PPQ	
TITLE (Name of Program): Plant and Animal Disease, Pest Control, and Animal Care		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Citrus Pests Survey	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			
13. PROPOSED PROJECT Start Date: January 1, 2013 Ending Date: December 31, 2013		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 42 b. Project Citrus Pests Survey	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 408,895.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: November 15, 2012	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 408,895.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Alameda		First Name Kathy	
Last Name Alameda		Middle Name	
b. Title Manager, Federal Funds Management Office		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (916) 403-6525	
		e. Date Signed	

OMB Number: 4040-0004

Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Pacific Institute

5a. Federal Entity Identifier:

NOAA

5b. Federal Award Identifier:

NOAA-OAR-CFO-2013-2003445

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Pacific Institute for Studies in Development, Environment, a

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-3050434

* c. Organizational DUNS:

8600292710000

d. Address:

* Street1:

654 15th Street

Street2:

* City:

Oakland

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

* First Name:

Pete

Middle Name:

* Last Name:

Stanga

Suffix:

Title: Chief Operations Officer

Organizational Affiliation:

* Telephone Number: 510-251-1600 x114

Fax Number:

* Email: petanga@pacinst.org

Application for Federal Assistance SF-424*** 9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:**

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

11.431

CFDA Title:

Climate and Atmospheric Research

*** 12. Funding Opportunity Number:**

NOAA-OAR-CFO-2013-2003445

*** Title:**

Climate Program Office for FY 2013

13. Competition Identification Number:

2291495

Title:**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Great_lakes_basin.jpg

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Climate Change Impacts and Socio-Economic Vulnerability in the Great Lakes Basin

Attach supporting documents as specified in agency instructions.

Add Attachment

Delete Attachment

View Attachment

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-09

b. Program/Project many

Attach an additional list of Program/Project Congressional Districts if needed.

Cong-Districts.txt

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 08/01/2013

* b. End Date: 07/31/2015

18. Estimated Funding (\$):

* a. Federal	299,255.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	299,255.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/15/2012.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Pete

Middle Name:

* Last Name: Stanga

Suffix:

* Title: Chief Operations Officer

* Telephone Number: 510-251-1600 Fax Number:

* Email: pstanga@pacinac.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6002123

* c. Organizational DUNS:

124726725

d. Address:

* Street1:

Sponsored Projects Office

Street2:

2150 Shattuck Avenue, Suite 300

* City:

Berkeley

County:

Alameda

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94704-5940

e. Organizational Unit:

Department Name:

Sponsored Projects Office

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Kate

Middle Name:

* Last Name:

Lewis

Suffix:

Title: Contract and Grant Officer

Organizational Affiliation:

The Regents of the University of California

* Telephone Number:

510-642-8117

Fax Number:

510-642-8236

* Email:

kate_lewis@berkeley.edu

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Land Management

11. Catalog of Federal Domestic Assistance Number:

15.231

CFDA Title:

Fish, Wildlife and Plant Conservation Resource Management

* 12. Funding Opportunity Number:

L13AS00001

* Title:

BLM CA CRSU Carrizo Plain Ecosystem Project

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Carrizo Plain National Monument, CA

* 15. Descriptive Title of Applicant's Project:

Carrizo Plain Ecosystem Project; Optimizing habitat management for the giant kangaroo rat and associated San Joaquin Valley upland species.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004

Expiration Date: 01/31/2009

Version 02

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-009

* b. Program/Project CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 03/01/2013

* b. End Date: 09/30/2017

18. Estimated Funding (\$):

* a. Federal	99,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	99,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ NoExplanation:

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Kate

Middle Name:

* Last Name: Lewis

Suffix:

* Title: Contract and Grant Officer

* Telephone Number: 510-642-8117

Fax Number: 510-642-8236

* Email: spo_grants_gov@lists.berkeley.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):
<input checked="" type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		
*3. Date Received:		4. Application Identifier:		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:		
		RECEIVED		
		NOV 21 2012		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
		STATE CLEARING HOUSE		
8. APPLICANT INFORMATION:				
* a. Legal Name: City of California City				
* b. Employer/Taxpayer Identification Number (EIN/TIN):				
95-24-08763				
*c. Organizational DUNS:				
d. Address:				
*Street1: 21000 Hacienda Blvd				
Street 2:				
*City: California City				
County: Kern				
*State: California				
Province:				
Country: USA				
*Zip/ Postal Code: 93505				
e. Organizational Unit:				
Department Name:		Division Name:		
Public Works		Water and Sewer		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: r.		First Name: Michael		
Middle Name:				
*Last Name: Bevins				
Suffix:				
Title: Public Works Director				
Organizational Affiliation:				
*Telephone Number: 760-598-2861				
Fax Number: 760-373-7857				
*Email: pwwdir@californiacity.com				

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government ☒

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

USDA Rural Development Agency

11. Catalog of Federal Domestic Assistance Number:

10.760

CFDA Title:

Water and Waste Disposal Grant Program

*12. Funding Opportunity Number:

*Title: Water Sewer Main Line Extention

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of California City, Kern County, California

*15. Descriptive Title of Applicant's Project:

Currently, the First Community area of California City south of California City Blvd does not have access to the city's central sewer processing facility. This area is basically undeveloped, which prevents us from requiring developed lots from mandatory connection and main extension. We are seeking funding to install a sewer main through this undeveloped zone.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant: CA-022

*b. Program/Project: CA-022

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 03/20/2013

*b. End Date: 09/2013

18. Estimated Funding (\$):

*a. Federal	\$500,000.00
*b. Applicant	\$167,000.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$667,000.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

*First Name: Michael

Middle Name:

*Last Name: Bevins

Suffix:

*Title: Public Works Director

*Telephone Number: 70-596-2861

Fax Number: 760-373-7857

*Email: pwwdir@californiacit.com

*Signature of Authorized Representative:

Date Signed: 11-19-12

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Version 02

Application for Federal Assistance SF-424

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
		NOV 28 2012	
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:	
		BF-96987501-3	
		STATE CLEARING HOUSE	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Toxic Substances Control, California Department of			
* b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. Organizational DUNS:	
68-0281381		80-7487327	
d. Address:			
*Street1: 8800 Cal Center Drive, 3rd Floor			
Street 2:			
*City: Sacramento			
County: Sacramento			
*State: CA			
Province:			
Country: United States of America		*Zip/ Postal Code: 95826	
e. Organizational Unit:			
Department Name:		Division Name:	
Department of Toxic Substances Control		Brownfields and Environmental Restoration Program	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Ms.		First Name: Jennifer	
Middle Name:			
*Last Name: Black-Gallagher			
Suffix:			
Title: Chief, Grants and Program Support Branch			
Organizational Affiliation:			
*Telephone Number: 916-869-5356		Fax Number:	
*Email: Jennifer.Black-Gallagher@dtsc.ca.gov			

OMB Number: 4040-0004
Expiration Date: 04/31/2012

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type: A. State Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

US EPA - Region 9

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

CERCLA 104(k)(3)

*12. Funding Opportunity Number: EPA-OSWER-OBLR-12-08

*Title: FY 13 Brownfields Revolving Loan Fund Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

The State of California

*15. Descriptive Title of Applicant's Project:

Brownfields Revolving Loan Fund (BRLF) Program's purpose is to facilitate the reuse and/or redevelopment of contaminated sites by making low-cost financing available via loans and subgrants for the cleanup of eligible public or privately held properties, and returning the sites to productive use.

Attach supporting documents as specified in agency instructions.

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

*a. Applicant

State of California

*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal

\$1,000,000.00

*b. Applicant

*c. State

\$200,000.00

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$1,200,000.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms.

*First Name: Barbara

Middle Name:

*Last Name: Cook

Suffix:

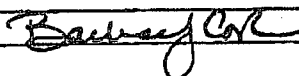
*Title: Assistant Deputy Director, Brownfields and Environmental Restoration Program

*Telephone Number: 510.540.3843

Fax Number:

*Email: Barbara.Cook@dtsc.ca.gov

*Signature of Authorized Representative:



Date Signed: 11/28/2012

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name: Chinatown Community Development Center, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2514053

* c. Organizational DUNS:

021778287

d. Address:

* Street1: 1525 Grant Avenue

Street2:

* City: San Francisco

County: San Francisco

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 94133-3323

e. Organizational Unit:

Department Name:

Community Planning

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr.

* First Name: Mark

Middle Name:

* Last Name: Baldwin

Suffix:

Title: Grants Manager

Organizational Affiliation:

Staff Member

* Telephone Number: 415-984-1493

Fax Number: 415-362-7992

* Email: mbaldwin@chinatowncdc.org

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 TRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

EDAPLANNING2012

* Title:

Planning Program and Local Technical Assistance Program

13. Competition Identification Number:

PL-TA

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City and County of San Francisco

* 15. Descriptive Title of Applicant's Project:

Chinatown business technical assistance, tourism attraction and job training for immigrant youth project.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

8th

* b. Program/Project

8th

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachments

17. Proposed Project:

* a. Start Date:

01/01/2013

* b. End Date:

12/31/2013

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	23,794.00
* c. State	0.00
* d. Local	21,206.00
* e. Other	55,000.00
* f. Program Income	0.00
* g. TOTAL	200,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

12/03/2012

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Rev.

* First Name:

Norman

Middle Name:

* Last Name:

Fong

Suffix:

* Title:

Executive Director

* Telephone Number:

415-904-1456

Fax Number:

415-362-7992

* Email:

nfong@chinatowncdc.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		
*3. Date Received:		4. Application Identifier: CA-95-X206		
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:		
		NOV 28 2012		
		STATE CLEARING HOUSE		
State Use Only:				
6. Date Received by State:		7. State Application Identifier:		
8. APPLICANT INFORMATION:				
* a. Legal Name: City of Santa Monica Municipal Bus Lines				
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000790		*c. Organizational DUNS: 833665896		
d. Address:				
*Street1: 1660 Seventh Street Street 2:				
*City: Santa Monica County: Los Angeles *State: California Province: Country:				
*Zip/ Postal Code: 90401				
e. Organizational Unit:				
Department Name:		Division Name: Transit Finance & Grants		
f. Name and contact information of person to be contacted on matters involving this application:				
Prefix: Ms. Middle Name:		First Name: Enny		
*Last Name: Graham Suffix:				
Title: Senior Administrative Analyst				
Organizational Affiliation:				
*Telephone Number: (310) 458-2296		Fax Number:		
*Email: enny.chung@smgov.net				

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type: C. City or Township Government

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Federal Transit Administration

11. Catalog of Federal Domestic Assistance Number:

20-507

CFDA Title:

Federal Transit Administration

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Santa Monica, Culver City, City of Los Angeles, Los Angeles County.

*15. Descriptive Title of Applicant's Project:

FTA Section 5307 CMAQ Funds

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of: Santa Monica, Los Angeles, Culver City, etc.

*a. Applicant 29, 30, 32, 33, 34, 35, 36, 37, 38 *b. Program/Project: 29, 30, 32, 33, 34, 35, 36, 37, 38

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 11/10/11

*b. End Date: 6/30/2015

18. Estimated Funding (\$):

*a. Federal \$3,200,000.00

*b. Applicant

*c. State

*d. Local

*e. Other \$850,633.00

*f. Program Income

*g. TOTAL \$4,050,633.00

19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/12/2012

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☐ c. Program is not covered by E.O. 12372

20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes

☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr.

*First Name: Rod

Middle Name:

*Last Name: Gould

Suffix:

*Title: City Manager

*Telephone Number: (310) 458-8301

Fax Number:

*Email: rod.gould@smgov.net

*Signature of Authorized Representative:

Date Signed: 11-19-12

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: City of Yreka

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946001437

* c. Organizational DUNS:

0870054350000

d. Address:

* Street1:

701 Fourth St.

Street2:

* City:

Yreka

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 96097-3302

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Steven

Middle Name:

* Last Name:

Baker

Suffix:

Title: City Manager

Organizational Affiliation:

* Telephone Number: 530-841-2321

Fax Number:

* Email: sbaker@ci.yreka.ca.us

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.818

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*** 12. Funding Opportunity Number:**

EPA-OSWER-OBAR-12-07

*** Title:**

FY13 Guidelines for Brownfields Assessment Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

City of Yreka Community-wide Assessment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant **CA-001**b. Program/Project **CA-001**

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: **07/01/2013*** b. End Date: **07/01/2016****18. Estimated Funding (\$):**

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☒ a. This application was made available to the State under the Executive Order 12372 Process for review on**11/30/2012**☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:Prefix: * First Name: **Tonya**Middle Name: * Last Name: **Dowse**Suffix: * Title: **Executive Director*** Telephone Number: **530-842-1638**Fax Number: * Email: **tonya@siakiyoucounty.org**

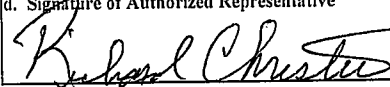
* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 11/27/12	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20509		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5309 Bus & Bus Facilities – Bus Livability Initiative – Metro Orange Line Bus Enhancement, CA-04-0261	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 03/26/12	Ending Date 04/30/15	a. Applicant Districts 28	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 10,000,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>11/27/12</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 12,000,000.00	<div style="text-align: right;"> RECEIVED NOV 30 2012 STATE CLEARING HOUSE </div>	
e Other	\$.00		
f Program Income	\$.00		
g TOTAL \$ 22,000,000.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative RICHARD CHRISTIE		b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 		e. Date Signed 11/27/12	

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

11/30/2012

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

RECEIVED

NOV 30 2012

State Use Only:

6. Date Received by State:

7. State Application Identifier:

STATE CLEARING HOUSE

B. APPLICANT INFORMATION:

* a. Legal Name:

City of Weed

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6050409

* c. Organizational DUNS:

0049527760000

d. Address:

* Street1:

P.O. Box 470

Street2:

* City:

Weed

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

96094-0470

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Ronald

Middle Name:

* Last Name:

Stock

Suffix:

Title:

City Administrator

Organizational Affiliation:

* Telephone Number:

530-938-5020

Fax Number:

* Email:

stock@ci.weed.ca.us

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.018

CFDA Title:

Brownfields Assessment and Cleanup Cooperative Agreements

*** 12. Funding Opportunity Number:**

EPA-OSWER-OBLR-12-07

*** Title:**

FY13 Guidelines for Brownfields Assessment Grants

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

City of Weed Community Wide Brownfields Assessment

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: CA-002

b. Program/Project: CA-002

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 10/30/2016

18. Estimated Funding (\$):

* a. Federal	400,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	400,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 11/30/2012.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Tonya

Middle Name:

* Last Name: Dowse

Suffix:

* Title: Executive Director

* Telephone Number: 530-842-1638

Fax Number:

* Email: tonya@siskiyoucounty.org

* Signature of Authorized Representative: Christy Dawson

* Date Signed: 11/30/2012

Application for Federal Assistance SF-424		Version 02
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application</div><div style="width: 30%;">* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision</div><div style="width: 35%;">* If Revision, select appropriate letter(s): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Other (Specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">NOV 30 2012</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">* 3. Date Received: <div style="border: 1px solid black; padding: 2px;">Completed by Grants.gov upon submission.</div></div><div style="width: 65%;">4. Applicant Identifier: <div style="border: 1px solid black; padding: 2px;">STATE CLEARING HOUSE</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">5a. Federal Entity Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div><div style="width: 50%;">5b. Federal Award Identifier: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
State Use Only:		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">6. Date Received by State: <div style="border: 1px solid black; width: 80px; height: 20px;"></div></div><div style="width: 65%;">7. State Application Identifier: <div style="border: 1px solid black; width: 350px; height: 20px;"></div></div></div>		
8. APPLICANT INFORMATION:		
* a. Legal Name: <div style="border: 1px solid black; padding: 2px;">Chinatown Community Development Center, Inc.</div>		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">* b. Employer/Taxpayer Identification Number (EIN/TIN): <div style="border: 1px solid black; padding: 2px;">94-2514053</div></div><div style="width: 50%;">* c. Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">021778287</div></div></div>		
d. Address:		
<div style="display: flex; justify-content: space-between;"><div style="width: 15%;">* Street1:</div><div style="border: 1px solid black; padding: 2px;">1525 Grant Avenue</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">Street2:</div><div style="border: 1px solid black; height: 20px; width: 100%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">* City:</div><div style="border: 1px solid black; padding: 2px;">San Francisco</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">County:</div><div style="border: 1px solid black; padding: 2px;">San Francisco</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">* State:</div><div style="border: 1px solid black; padding: 2px;">CA: California</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">Province:</div><div style="border: 1px solid black; height: 20px; width: 100%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">* Country:</div><div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">* Zip / Postal Code:</div><div style="border: 1px solid black; padding: 2px;">94133-3323</div></div>		
e. Organizational Unit:		
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Department Name: <div style="border: 1px solid black; padding: 2px;">Community Planning</div></div><div style="width: 50%;">Division Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div></div>		
f. Name and contact information of person to be contacted on matters involving this application:		
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Prefix: <div style="border: 1px solid black; padding: 2px;">Mr.</div></div><div style="width: 65%;">* First Name: <div style="border: 1px solid black; padding: 2px;">Mark</div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Middle Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div><div style="width: 65%;">* Last Name: <div style="border: 1px solid black; padding: 2px;">Baldwin</div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 30%;">Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div></div><div style="width: 65%;">Title: <div style="border: 1px solid black; padding: 2px;">Grants Manager</div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 65%;">Organizational Affiliation: <div style="border: 1px solid black; padding: 2px;">Staff Member</div></div><div style="width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">* Telephone Number: <div style="border: 1px solid black; padding: 2px;">415-984-1493</div></div><div style="width: 50%;">Fax Number: <div style="border: 1px solid black; padding: 2px;">415-362-7992</div></div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 65%;">* Email: <div style="border: 1px solid black; padding: 2px;">mbaldwin@chinatowncdc.org</div></div><div style="width: 30%;"></div></div>		

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Economic Development Administration

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

EDAPLANNING2012

* Title:

Planning Program and Local Technical Assistance Program

13. Competition Identification Number:

PL-TA

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City and County of San Francisco

* 15. Descriptive Title of Applicant's Project:

Chinatown business technical assistance, tourism attraction and job training for immigrant youth project.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

8th

* b. Program/Project

8th

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

01/01/2013

* b. End Date:

12/31/2013

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	23,794.00
* c. State	0.00
* d. Local	21,206.00
* e. Other	55,000.00
* f. Program Income	0.00
* g. TOTAL	200,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?



a. This application was made available to the State under the Executive Order 12372 Process for review on

12/03/2012



b. Program is subject to E.O. 12372 but has not been selected by the State for review.



c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)



Yes



No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)



** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

Rev.

* First Name:

Norman

Middle Name:

* Last Name:

Fong

Suffix:

* Title:

Executive Director

* Telephone Number:

415-984-1456

Fax Number:

415-362-7992

* Email:

nfong@chinatowncdc.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

* Date Signed:

Completed by Grants.gov upon submission.

